

FILED

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

UNITED STATES DISTRICT COURT

2017 JUL -7 PM 4:02

for the

Northern District of Ohio

Eastern Division

LEPK U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
CLEVELAND

1:17 CV 01433

Frank Miller Jr

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ NoUniversity Hospitals Health System AKA University
Hospitals Cleveland Health System

JUDGE LIOI

MAG. JUDGE LIMBERT

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	FRANK MILLER JR
Street Address	435 SYCAMORE LANE APT# 201
City and County	AURORA, PORTAGE
State and Zip Code	OHIO, 44202
Telephone Number	216-543-3949
E-mail Address	FMILLE15@KENT.EDU

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	UNIVERSITY HOSPITALS HEALTH SYSTEM
Job or Title <i>(if known)</i>	
Street Address	3605 WARRENSVILLE CENTER ROAD
City and County	SHAKER HEIGHTS, CUYAHOGA
State and Zip Code	OHIO, 44122
Telephone Number	(216) 543-3949
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	STEVE STANDLEY
Job or Title <i>(if known)</i>	CHIEF OPERATING OFFICER
Street Address	3605 WARRENSVILLE CENTER ROAD
City and County	SHAKER HEIGHTS, CUYAHOGA
State and Zip Code	OHIO, 44202
Telephone Number	(216) 844-1000
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	HEATHER HARMON
Job or Title <i>(if known)</i>	VICE PRESIDENT, HUMAN RESOURCES
Street Address	3605 WARRENSVILLE CENTER ROAD
City and County	SHAKER HEIGHTS, CUYAHOGA
State and Zip Code	OHIO, 44202
Telephone Number	(216) 844-1000
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	HEIDI GARTLAND
Job or Title <i>(if known)</i>	VICE PRESIDENT, GOVERNMENTAL AFFAIRS
Street Address	3605 WARRENSVILLE CENTER ROAD
City and County	SHAKER HEIGHTS, CUYAHOGA
State and Zip Code	OHIO, 44122
Telephone Number	(216) 844-1000
E-mail Address <i>(if known)</i>	

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Defendant No. 52

Name Debbie Rogers

Job or Title (if known) Claims Administrator

Street Address 3605 Warrensville Center Road

City and County Shaker Heights, Cuyahoga

State and Zip Code Ohio, 44122

Telephone Number (216) 844-1000

E-mail Address (if known)

Defendant No. 262

Name Diane Miller

Job or Title (if known) Claims Administrator

Street Address 3605 Warrensville Center Road

City and County Shaker Heights, Cuyahoga

State and Zip Code Ohio, 44122

Telephone Number (216) 844-1000

E-mail Address (if known)

Defendant No. 32

Name Deborah L. Templin

Job or Title (if known) Director, Disability & Occupational Risk Control Services

Street Address 3605 Warrensville Center Road

City and County Shaker Heights, Cuyahoga

State and Zip Code Ohio, 44122

Telephone Number (216) 844-1000

E-mail Address (if known)

Defendant No. 82

Name Sally Namboodiri

Job or Title (if known) MD

Street Address 10701 East Boulevard

City and County Cleveland, Cuyahoga

State and Zip Code Ohio, 44106

Telephone Number (216) 791-3800

E-mail Address (if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	UNIVERSITY HOSPITALS HEALTH SYSTEM
Street Address	3605 WARRENSVILLE CENTER ROAD
City and County	SHAKER HEIGHTS, CUYAHOGA
State and Zip Code	OHIO, 44122
Telephone Number	(216) 844-1000

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law *(specify the federal law)*:

The Lilly Ledbetter Fair Pay Act of 2009, Title I of the (ADA) and the (USERRA)



Relevant state law *(specify, if known)*:



Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☒ Failure to hire me.
- ☒ Termination of my employment.
- ☒ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
2010, 2011, 2012, 2013, 2014, 2015

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race WHITE FEMALES PAID MORE
- ☐ color _____
- ☒ gender/sex FEMALES LESS SENORITY
- ☐ religion _____
- ☐ national origin _____
- ☒ age *(year of birth)* 1956 *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
CARPAL TUNNEL SYNDROME, DIABETES

E. The facts of my case are as follows. Attach additional pages if needed.

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See attached (D)

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

MAY 10, 2015

- B. The Equal Employment Opportunity Commission *(check one)*:

☐

has not issued a Notice of Right to Sue letter.

☐

issued a Notice of Right to Sue letter, which I received on *(date)* 04/20/2017 .

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☒

60 days or more have elapsed.

☐

less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

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Back pay and benefits for being constructively discharged \$190,000. Disability pay for the time I was disabled and University Hospitals Disability Management Services failed to honor my claim \$40,000. Payment into my retirement and Social Security account for the time I have been off work. Provide for the recovery of compensatory and punitive damages in cases of intentional violations of Title VII, the Americans with Disabilities Act of 1990, and section 501 of the Rehabilitation Act of 1973 \$1,000,000. Damages awarded for future pecuniary losses, emotional pain, suffering, inconvenience, mental anguish, loss of enjoyment of life, and other non-pecuniary losses, and punitive damages \$8,000,000.00.-

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 07/07/2017

Signature of Plaintiff

Printed Name of Plaintiff

FRANK MILLER JR., MS

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OHIO

FRANK MILLER JR,
Plaintiff

-vs-

UNIVERSITY HOSPITALS HEALTH SYSTEM
Defendant(s)

CASE NO. _____

JUDGE _____

COMPLAINT

1. Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
2. Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
3. Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
4. The Lilly Ledbetter Fair Pay Act of 2009, Title I of the (ADA) and the (USERRA)

1. I have worked for the employer mentioned earlier since 3/18/1991. I was the Diversity Program Coordinator since 2011. I was demoted to the position of Administrative Assistant to work in Governmental Affairs with Heidi Garland, Republican, white, female, on 5/1/2014. I have repeatedly complained to management about the inequalities about hiring, promotions, discipline, and wages. I am a Marine veteran with a disability. I am filing this charge on behalf of myself and others in the protected class(s) that might be affected.

2. In July of 2014 I was disrespected in front of multiple individuals by an African-American female and complained to Steve Standley (white male) nothing arose from this. I received a lower rating for my performance evaluation because of playing a pivotal role in the passing of Medicaid expansion in 2013 as an American citizen not and employee of University Hospitals. Heidi Gartland had her the director of her department to attend all the events that were scheduled to try and make me be silent. Heidi Gartland was at the final new conference at Cleveland Clinic with the Governor of Ohio John Kasich he was speaking to me and wanted my contact information. Heidi Gartland told the Governor that he could get in touch with me through her office. He told her I was an Ohio citizen. After the final press conference, I was approached by multiple news outlets, and I was told not to talk to the media by her director Dan a (white male).

3. From around August 2014 until my termination, I applied for several positions and even interviewed for the positions. On or about 7/19/2014, I became aware that I was being paid less than female coworkers in the position of Executive Assistants in University Hospitals Health System's Executive Administration (they are all white and female. I believe I continued to receive less pay than females until my termination. We had the same or similar tasks, duties, assignments, and responsibilities. I was harassed and subjected to a hostile work environment by Ms. Garland. This included comments and slurs made by Ms. Garland of a racial nature. I requested a reasonable accommodation on 1/16/2015, which was denied by Ms. Garland. On 02/01/2014, I was offered a severance package which I declined. I was constructively discharged on 05/01/2015. I was still on disability leave when-when this occurred.
4. I believe that I was paid less, suffered different terms and conditions of employment (including, but not limited to, being excluded from meetings, being removed as the event coordinator for the New Minority House Staff Welcoming dinner around 7/26/2014), harassed, not hired into other positions
5. I was consistently harassed and ethically intimidated by Heidi Gartland who used her power and position into ethnic intimidation to humble a Marine! There was an African-American female Barbara Cherry who did not have less seniority and inferior qualifications. She continued to work at University Hospitals Health System under the supervision of Steve Standley, Heather Harmon, and Heidi Gartland.

6. I would like the court to order back pay and benefits for being constructively discharged \$190,000. Disability pay for the time I was disabled and University Hospitals Disability Management Services failed to honor my claim \$40,000. Payment into my retirement and Social Security account for the time I have been off work. Provide for the recovery of compensatory and punitive damages in cases of intentional violations of Title VII, the Americans with Disabilities Act of 1990, and section 501 of the Rehabilitation Act of 1973 \$1,000,000.00 Damages awarded for future pecuniary losses, emotional pain, suffering, inconvenience, mental anguish, loss of enjoyment of life, and other non-pecuniary losses, and punitive damages \$8,000,000.00.-


FRANK MILLER JR., MS

7-7-17

435 SYCAMORE LANE APT #201

AURORA, OHIO 44202